

North Carolina Rural Hospital Program

2018 Profile (Data from State Fiscal Year 2018 and current as of 6/30/2018)

Grant Facts

\$968K

SHIP and FLEX total
Federal (HRSA) grant
funding

1.62

Full-time equivalent
health care profession-
als supported through
grant funds

84%

Eligible hospitals that
participate in SHIP
Initiatives such as Value
Based Purchasing,
Payment Bundling,
Prospective Payment
System, and
Accountable Care
Organizations Shared
Savings

90%

CAHs report
Outpatient Core
Measures

90%

CAHs report
Patient Satisfaction
Measures

90%

CAHs participate in a
Financial & Operational
Improvement Network

4

Statewide
Learning and Action
Networks (LAN) Critical
Access Meetings
this year

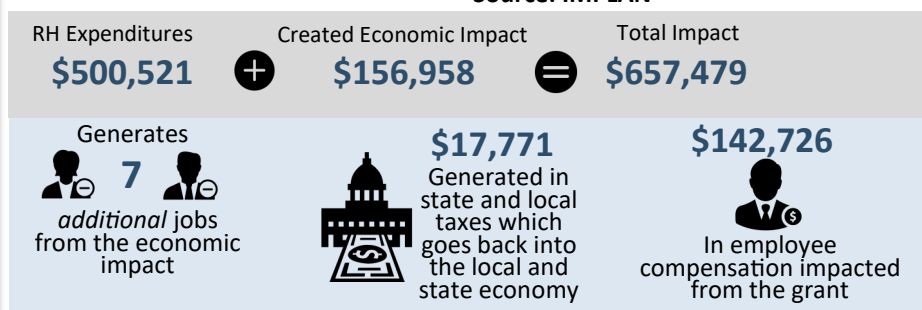
Overview

The Office of Rural Health's Rural Hospital (RH) program focuses on 12 small rural hospitals and 20 Critical Access Hospitals (CAHs). A CAH has a special designation from the Centers for Medicare and Medicaid Services (CMS). CAHs have 25 beds or fewer and receive cost-based reimbursement. Small Rural Hospitals have 49 available beds or fewer.

ORH administers two federal grants on behalf of Small Rural Hospitals and CAHs to improve their viability, quality of services, and integration with the rest of the health care system. These grants are the Rural Hospital Flexibility Grant Program (Flex) and the Small Rural Hospital Improvement Grant Program (SHIP), both of which receive recurring federal funding. All 20 CAHs are engaged and participating in ORH learning and action networks specific to financial and quality improvement.

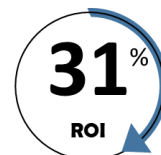
Return On Investment and Economic Impact

Source: IMPLAN



Each RH grant
dollar has a total
economic impact
of

\$1.31



*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

Importance

- Small rural hospitals and CAHs are more **financially vulnerable** than larger hospital systems and are often the only medical facility in a rural community – if they close there will be reduced access to acute care and emergency room services. In December 2017, one CAH in Scotland Neck, NC closed due to financial losses for this community facility.
- ORH organizes and facilitates quarterly Learning and Action Network (LAN) meetings for all CAHs that focus on Quality, Financial Improvement, and Population Health Management
- The Finance LAN focuses on Provider Alignment, Revenue Cycle Improvement, and Service Growth to increase financial viability

Emergency Department

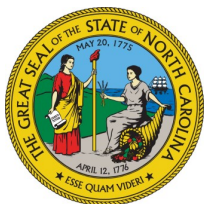
100%

CAHs report Emergency Department
Transfer Communication



1% of CAH patients left the emergency
department without being evaluated by a
provider





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Technical Assistance

24 Activities in
25 Counties

Provided by ORH Staff

Site
Development
Assistance

11 Activities

Citizen
Assistance

3 Activities

Board
Meeting
Assistance

3 Activities

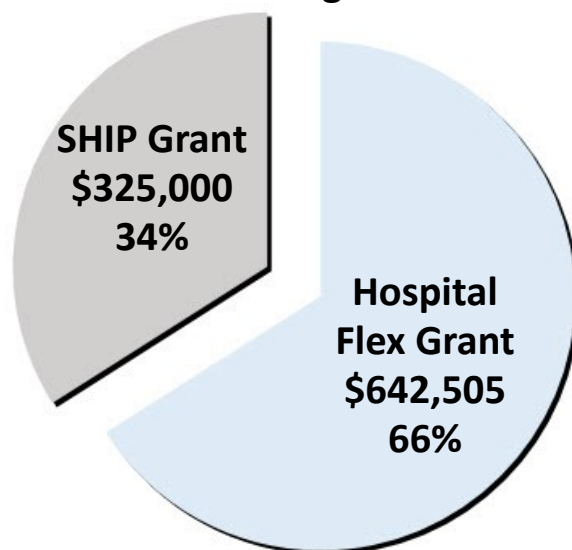
Training
Sessions

6 Activities

Clinic/Staff
Assistance

1 Activities

Total Program Funding*



*Estimated based on budget reorganization and approved carry forward

Program Reach

32

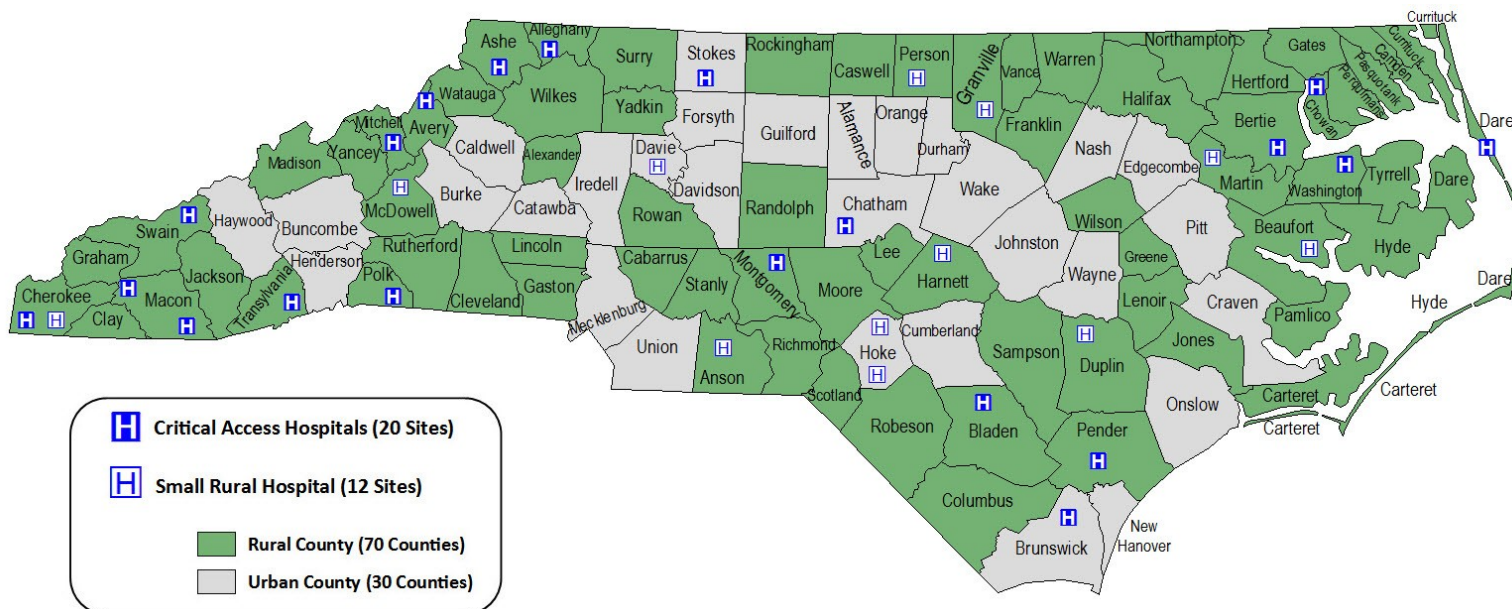
Supported Sites

29

Total Counties Covered

24

Rural Counties Covered



If you have further questions, please contact:
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